

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075695

1. Entity Name

DHS MAINTENANCE MANAGEMENT INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91138 014 ***150.00

Principal Place of Business

327 W NY AVE
LAKE HELEN FL 32744

Mailing Address

327 W NY AVE
LAKE HELEN FL 32744

2. Principal Place of Business

3. Mailing Address

352 CONNECTICUT AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE HELEN, FL.

Zip

Country

Zip

Country

32744

U.S.

4. FEI Number

59-3662940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESTON, TODD W
327 W NY AVE
LAKE HELEN FL 32744

Name

TODD W. PRESTON

Street Address (P.O. Box Number is Not Acceptable)

352 CONNECTICUT AVE.

City

LAKE HELEN

FL

Zip Code

32744

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Todd W. Preston / PRESIDENT

4.28.01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT
TODD W. PRESTON
352 CONN. AVE
LAKE HELEN, FL. 32744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VICE PRESIDENT
CYNTHIA B. PRESTON
352 CONN. AVE.
LAKE HELEN, FL. 32744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Todd W. Preston / TODD W. PRESTON

4.28.01

386

904-801-2692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)